



**The California Managed Risk Medical Insurance Board**  
1000 G Street, Suite 450  
Sacramento, CA 95814  
(916) 324-4695 FAX: (916) 324-4878

**Board Members**  
Clifford Allenby, Chair  
Areta Crowell, Ph.D.  
Virginia Gottlieb  
Sandra Hernández, M.D.

## **MESSAGE FROM THE ACCESS FOR INFANTS AND MOTHERS PROGRAM**

# **NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW  
YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

## **THE PRIVACY OF HEALTH INFORMATION**

Each individual's health information is protected under a federal law called the Health Insurance Portability and Accountability Act (HIPAA) and under state laws when they are stricter than HIPAA. These laws require the Access for Infants and Mothers (AIM) Program to keep protected health information private except under certain circumstances, and to provide this Notice of our legal duties and the privacy practices we use to protect your health information.

## **HOW HIPAA DEFINES PROTECTED HEALTH INFORMATION**

The law defines protected health information as individually identifiable health information that is created, received, sent or maintained by us. It is information that identifies you or your covered child in some way and relates to your past, present or future physical or mental health or condition; the provision of health care to you or your covered child; or the past, present, or future payment for your health care or that of your covered child.

## **HOW WE MAY USE AND DISCLOSE INFORMATION**

The law permits AIM to use and disclose your protected health information or that of your covered child in order to see to it that you or your covered child receive treatment, in order to pay the program's share of treatment costs, and for health care operations. The examples below show how we may use and share health information for these purposes.

1. **For treatment:** AIM may use an individual's protected health information to ensure that an individual enrolled in the Program receives medical treatment or services. For example, a provider, such as a doctor or hospital, might check to see whether you are actually enrolled in the AIM Program. When you enroll in AIM, we

share that enrollment information with the health plan that you select so that providers can verify that treatment may be provided to you under the Program.

**2. For payment:** AIM may use and disclose an individual's protected health information for the purpose of ensuring that payment for treatment and services has been made properly. For example, we pay the health plan that you have selected for your care. When the health plan bills us, it also sends us a list identifying the individuals for whom we are being billed. To make sure we have paid the plan correctly, we may obtain a record of your protected health information from the company that administers AIM for us (our third party administrator) and share that information with the health plan to make sure our records and those of the health plan are in agreement.

**3. For health care operations:** AIM may use and disclose protected health information for operational purposes. For example, we may share the protected health information of individuals enrolled in the Program with others who evaluate the quality of services provided by our Program. We may also use this information in connection with determining eligibility, conducting audits, for processing appeals, and for general administration of the program.

AIM may use the protected health information you provide to us to contact you about health-related benefits that may be of interest to you.

## **OTHER USES AND DISCLOSURES WITHOUT WRITTEN PERMISSION**

AIM is required to share an individual's protected health information with the United States Secretary of Health and Human Services in connection with compliance reviews and complaint investigations.

In addition, AIM may make uses and disclosures of an individual's protected health information without your written permission as follows:

**As required or permitted by law:** AIM may use and disclose information about an individual as required or permitted by law. For example, we may use and disclose your protected health information for the following purposes:

- In the course of any judicial or administrative proceeding in response to a subpoena or pursuant to an order of the court or an administrative law judge;
- To report information related to child abuse or neglect; and
- For a law enforcement purpose to a law enforcement official.

**Public health:** An individual's protected health information may be used or disclosed for public health activities such as assisting public health authorities or other persons to prevent or control disease or injury.

**Health and Safety:** An individual's protected health information may be used or disclosed to prevent a serious threat to the health or safety of a person or the public.

**Individuals who have died:** Protected health information about individuals who have died may be disclosed to funeral directors or coroners to enable them to carry out their duties.

**Health Oversight:** AIM may disclose protected health information to a health oversight agency for oversight activities authorized by law such as determining compliance with program standards.

**Specialized Government Functions:** AIM may disclose protected health information for specialized government functions. For example, AIM may share protected health information relating to your eligibility with the MediCal Program to determine which program should cover you and your child.

**Research:** AIM may use or disclose an individual's health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established procedures to ensure the privacy of health information and has approved the research.

**Benefit Programs for Work-Related Injuries:** AIM may disclose protected health information to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

## **OTHER DISCLOSURES MAY BE MADE WITH WRITTEN PERMISSION**

AIM will not make any other disclosures of your protected health information or that of your covered child unless you have given written permission. You have the right to take your permission back in writing at a later time in order to stop any future disclosures.

## **YOUR PRIVACY RIGHTS**

- **Right to Request Restrictions on Disclosures:** You have the right to request restrictions on certain uses and disclosures of your protected health information or that of your covered child; however AIM is not required to agree to those requested restrictions. These requests may have to do with the use or disclosure of protected health information to carry out treatment, payment or health care operations, or to the disclosure of the information to a family member, other relative, or close personal friend when the information is important to that person's involvement with your care or payment related to that care.
- **Right to Request Confidential Communications:** You have the right to request that AIM make contact with you only in writing or at a different address, post office box, or telephone number. We will honor reasonable requests if you say it is necessary to protect your safety or that of your covered child.
- **Right of Access to Protected Health Information:** You have the right to look at and get a copy of information which AIM has about you or your covered child. We may charge you a small amount for copies to cover our costs. We may deny

your request for reasons allowed by law, but if we do, our denial may be reviewed under certain circumstances.

- **Right to Request that Protected Health Information be Corrected:** You have the right to ask that information in our records be changed if it is not correct or complete. We may refuse this request if the information was not created by AIM or if we believe that the information is correct and complete. You may request a review of our refusal and you may send in a statement disagreeing with our decision. AIM will keep this statement with your records.
- **Right to Receive Information about our Disclosures:** When we share protected health information about you or your covered child for reasons other than treatment, payment, or health care operations (and certain other reasons stated in the law), you have the right to request a list of the persons we shared the information with, and to ask when, for what reasons, and what information was shared.
- **Right to Receive a Paper Copy of this Notice on Request:** You have a right to receive a paper copy of our Notice of Privacy Practices at any time upon request.

AIM must obey the terms of this Notice of Privacy Practices. However, we have the right to make a change in our privacy practices and apply it to all the records in our possession. If we do make changes, we will revise this Notice and send it promptly to persons who are then in AIM.

### **HOW TO EXERCISE YOUR PRIVACY RIGHTS**

If you would like more information about how to exercise the privacy rights explained in this Notice, or have questions about this Notice and want further information, please call or write us at:

**Privacy Officer  
Managed Risk Medical Insurance Board  
1000 G Street, Suite 450  
Sacramento, CA 95834  
(916) 324-4695**

### **PLEASE NOTE:**

**AIM does not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor, provider, or health plan.**

## **HOW TO FILE A COMPLAINT**

If you believe that your privacy rights are violated after April 14, 2003, and you wish to complain, you may file a complaint in writing with our Privacy Officer at the address on the previous page

**Or**

by contacting the Secretary of the United States Department of Health and Human Services at the address and phone numbers below:

**Secretary of the U.S. Department of Health and Human Services**

**Office for Civil Rights**

**Attention: Regional Manager**

**50 United Nations Plaza, Room 322**

**San Francisco, CA 94102**

For additional Information, call:

**(800) 368-1019**

or

**U.S. Office for Civil Rights at (866) OCR-PRIV (866-627-7748)**

or

**(866) 788-4989 TTY**

## **NO RETALIATION**

**AIM will not take away your health care benefits or retaliate against you in any way if you choose to file a complaint or use any of the privacy rights in this Notice.**